**AZCCC Health Disparities Meeting**
**Wednesday, March 14, 2007 @ ADHS Rm #345A**

**Attendees**: Norm Petersen, Tim Flood, Ross Merritt, Kenton Laffoon, Jesse Nodora, Maria Tirado, Veronica Perez, Kendra Sabol, Jessica Han, Sharon Jaycox, Naomi Lane, Kim Fielding, Jean-Robert Jeoffrey, Nancy Johnson (teleconference)
*Apologies*: Tim Mathews, Pattie King, Sylvia Brown, Marc Lieb, Agnes Attakai

Review of Committee Objectives – Maria Tirado

Disparities committee has been chosen as one of the committees for an impact evaluation (along with the early detection committee); all other committees will have a process evaluation done

- Objective 1: recommendation from evaluation committee that we have two objectives to produce and one for dissemination; define the audience for both production and dissemination

- Objective 3: recommendation from evaluation committee is to better define who we are talking about; who are the leaders?

Results of February meeting with evaluation team regarding strategies for committee; simplified logic map focusing on two priority objectives

Committee has developed an initial list of objectives with some strategies that need additional refinement (including strategies specific to defined objectives, activities, responsible organizations)

Conference discussion; is this the best way to disseminate information for legislators; who would be the target audience; are there other ways to reach them; who would be a target audience for a conference

Mapping road to cancer care strategy; initially wanted to involve Kino Hospital to pilot the process in place by PIMC; however Kino is not at table, so feasibility is unknown

Matrix by Dr. Flood can be developed for other groups; will need assistance with identification of key community leaders with specific emphasis on minority groups; tie data for prioritizing evidence-based programs and funding

Tim Flood – must involve the community in development of information and decisions; epidemiology staff can present the case but can't make the decision for them; challenge for committee is to create products that can be useful to community and policy-makers; ITCA model for matrix

Kenton Laffoon – maybe start with community forums to get communities involved and educated in development of matrices (especially for AIAN community); can help them develop their priorities

Maria Tirado – is working with the African American Coalition; has noticed need for data and information; should not tell what to do, but provide guides as to what to do; evidence-based initiatives, helping to find sources of funding

CO disparities committee – having a summit from each health regions; provided with data for region; region then develops action plan with an identified action team; funding for skill-building, coalition building, cancer data, info on evidence-based programming; regions will host town hall meetings to decide what to do to address needs based on data

Jesse Nodora – should stay focused on two tasks: what groups we want to deal with; producing something and disseminating whatever we produce (and to whom); several constituents to keep in mind such as cancer prevention & control practitioners, researchers (being least prioritized), leaders, public; once these are defined, we can talk about what kind of information can be produced; we should let the data tell us where to go including poor/SES or income levels, geographic disparities, ethnic groups; can then talk about dissemination of people; then we can discuss who to involve (these people should be the ones to host cancer control summits); shouldn't assume that disparities exist only by racial/ethnic lines; IOM report or ARC report on education level; determine from those reports what the driving measures for disparities in addition to how the registry is able to report data; who are we defining as our constituents

Kim Fielding – strategy worksheet; helps to more explicitly define audience; development of the matrix would be the strategy and detail out; both strategies will influence each other

Maria – defining the underlying condition from the logic map is that cancer prevention & control practitioners are not using cancer disparity information

Jesse – identifying the constituents as the first step; some basic information would be important for all with some specific information for each:

Cancer control prevention & control practitioners – priority population
Leaders – priority population

Veronica Perez – both these suggested priority populations make sense and match to what we have been discussing as the purpose for matrix (influence policy, funding)

Tim – match the priority populations to logic map and have the objectives match those priority populations

Jesse – social networking analysis; will need information from practitioners; and then define what we mean by each; at this point it is a guess, we then involve them, and they will let us know if it makes sense to include them

Nancy Johnson – can use assoc of community health centers can be tapped as resource for research committee analysis of practitioners

Kim – can change the logic map to reflect priority populations; program managers?

Tim – community health center directors; health care plan medical directors; "usual suspects", VA system; those that approve what gets done

Kim – Strategy one is finding out who we want to reach with information; identify people and then develop what they need (worksheet may help) and then develop dissemination

Committee discussion – groups to reach with producing and disseminating information within next two years:

**Cancer prevention & control practitioners**

**Priority group selected**

- program managers (all levels)
  - state, county, local
- healthcare providers
  - doctors, nurses
- health plan medical directors
- community health care center directors
- community advocates
  - promotoras, navigators
- service unit directors (IHS)
- tribal health directors
- health related associations
  - ALMA, Black Nurses Assoc., etc.

Policy makers

- tribal leaders
- elected officials (municipal to federal)
- state health department director
- county health officers
- private and public sector CEOs

Public

- high risk individuals
- cancer survivors
- faith based organizations
- advocacy groups
- grassroots leaders
- media & communication
- non-cancer NGOs
- primary & secondary education
- special interest groups
  - public, private, minority, labor
- associations

Researchers

- academic
- government
  - IHS, CDC, NIH
- pharmaceutical
- research corporations
- philanthropic organization
  - RWJ
- non-profit organizations
  - ACS

Some of what we produce can apply to all groups; some will need to be further defined and more specific information

Strategy: Create method of how to involve and identify who falls in each category; not all networked into CCC

Maria – where do we have the greatest potential to make an impact

Kim – focus on one or several subgroups in order to move forward successfully within 2 yrs; next step is prioritization of the populations (based on influence, impact success); if we know

what we want to produce, can help with selecting the populations (Ex: map of road to cancer treatment would focus on navigators)

Sharon Jaycox – some groups can serve as influencers or "pass on" information to other subgroups

Jesse – product, like matrix that will help identify disparities, will affect populations; combine with data what the needs are to determine what the product will be

Kendra Sabol – how would the matrix be created?

Tim – don't know how it would be disseminated and would need input from the groups we listed; scenario: of all the things you may want to do to address cancer, here are cancer sites for which we have evidence-based programs; in your population here are some cancers that your group is at high/low risk; cost-benefit of choosing one option over another; would want to push to get them to prioritize; we provide support for choosing option compared to other choices without tools

Jesse – this can serve as a great intermediate outcome; communities are steered in the right direction; can influence policy; we serve as catalyst and supporter for these changes/effects

Maria – committee members can serve as disseminators of this information through conferences, meetings, or other vehicles of information; have standardized way of disseminating and easy to measure

Jesse – tools can be given to community to disseminate information (like matrix) at some point; appropriateness and usability of product

Veronica – update on CCC at regional/community level grant to CDC; will attempt to replicate the Leadership Institutes at a community level; will keep the committee posted on progress

Kendra – how do we get into communities to disseminate information; community forum; develop process for how to get info

Kim – would need to know what we are producing to develop the process of dissemination

Maria – First step is to identify of the 4 groups who is our target audience; second step begin identifying individuals (by name); what will be produce for them

Jesse – create working groups; gather information for disparities data (epidemiology group @ ADHS); another group to identify people; group to develop strategy

**Workgroups are:**

- Disparities data & matrix development – led by Tim Flood and Jesse Nodora
- Identifying cancer control practitioners – led by Maria Tirado and Nancy Johnson (connect with Becky Howard); will develop a standard format for info collected
- Strategy development – led by Veronica Perez, Kendra Sabol and Kim Fielding

  Action items:
  - Gathering of data
  - Identifying people
  - Develop strategy

Kendra and Sharon can begin to help involve coalition members; move to action instead of just reading emails/information; have a leadership conference of chairs to encourage cross-collaboration

Workgroups will discuss and prepare information during April

**Next Committee meeting Tuesday, May 22, 2007 from 9:30am – 12 noon @ ITCA**